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CONFIRMATION NO. 5593

|   |   |                                   |  |  |                                    |
|---|---|-----------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/611,302  | <b>FILING OR 371(c)<br/>DATE</b><br>07/02/2003<br><b>RULE</b>   | <b>CLASS</b><br>436               | <b>GROUP ART UNIT</b><br>1743  | <b>ATTORNEY<br/>DOCKET NO.</b><br>0821095.0093 |                                    |
| <b>APPLICANTS</b><br>Thaddeus Prusik, Stroudsburg, PA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 09/26/2003</b>   |   |                                   |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>PA | <b>SHEETS<br/>DRAWING</b><br>5   | <b>TOTAL<br/>CLAIMS</b><br>18                  | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>00545   |   |                                   |  |  |                                    |
| <b>TITLE</b><br>REACTIVITY CONTROL IN SUBSTITUTED DIACETYLENIC MONOMER SHELF LIFE MONITORING<br>SYSTEMS   |   |                                   |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>675   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |